A Health Department's Role in the Cancer Program

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NUMEROUS expressions of the need for a comprehensive cancer control program press upon us. The most obvious of these is the record of mortality. Each year over 12,000 persons in California die of cancer. This is four times the number of those who died of cancer in 1918. During that period, cancer has risen from fourth to second place among the causes of death. It has been estimated that approximately one-third of the current deaths from cancer could be avoided if all available knowledge were applied. This means that approximately 4,000 Californians are dying each year unnecessarily.

The public is demanding that action be taken. This is evidenced by support for federal and state legislation for cancer control activities as well as by contributions to the American Cancer Society.

In acknowledging the need for cancer control, we may ask what the components of a complete program should be. The National Advisory Cancer Council has stated these to be: "Statistical research, educational activities with lay and professional groups, and the provision of adequate diagnostic and treatment facilities, including prevention or detection clinics, diagnostic and treatment clinics, consultation services, tissue diagnostic services, an adequate number of hospital beds, and special facilities and services for patients in a terminal condition at hospitals or in their own homes."[1]

It is clear from the broad scope of these suggested activities that no one agency or group can carry the full load. Rather, a mobilization of all resources available for cancer control is required. The medical profession, public health departments and voluntary health agencies should share the main responsibility for the movement. Other groups, however, also have a distinct contribution to make. Among these should be mentioned the allied health professions—dentists, nurses, medical social service workers—as well as hospitals and medical schools. The most urgent need is for the development in each state and community of an overall plan which will integrate the activities of these various groups.

This discussion is concerned with the particular role of health departments in the cancer program. Many persons, both in and outside of public health organizations, have not yet recognized that there should be a role. They have adopted too narrow a working definition of public health, thinking of it as restricted to environmental sanitation, the control of communicable diseases, and vital statistics. It is true that most health departments in the past have devoted their energies largely to these activities because available knowledge and techniques permitted the greatest saving of life to be accomplished by action in those directions. The success of endeavors against the communicable diseases and other causes of death in infancy and in early adult life has increased the average length of life. Consequently, those diseases which occur primarily in the later decades of life, cancer among them, are now assuming increasing importance.

Health departments, if they are to fulfill their obligations to the public, must concern themselves with these present causes of mortality. The California State Legislature, in establishing the State Board of Health in 1871, certainly did not conceive its duties in a narrow sense when it directed[2] that "the State Board of Health . . . shall take cognizance of the interests of health and life among the citizens generally." Health officers in this and other states are giving increasing attention to their responsibility for assuring maximum utilization of resources for the reduction of deaths and disability from cancer and other chronic diseases.

In the course of their experiences with other health problems, health departments have developed several techniques which are applicable in the control of cancer. Public health agencies may be expected to use those services and resources already existing within their organizations as a contribution to the overall plan previously mentioned.

Statistical research is basic to the attack on any health problem. In the case of cancer, certain information may be secured from an analysis of the death certificates. However, for a full picture, study of morbidity data is also essential. Without it we do not even know the scope of the problem, and the number of cases of the disease. Basic epidemiological knowledge, the natural history of the disease, especially in the less common types of cancer, is lacking. Progress against the disease as the program gets under way can be measured only by an adequate quantitative system. Follow-up of cancer patients after treatment would be greatly facilitated. Actual measurement of the effectiveness of the methods of treatment can be accomplished only with a well organized record system.

Health departments have developed extensive statistical services. Death certificates are routinely analyzed by health departments as are case reports of a number of diseases. These services have necessitated the building up of staffs of qualified public health analysts and the elaborate equipment of modern statistical operations. It is only logical that these be used in the interests of cancer control.

From the California State Department of Public Health.

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The public health nurse is practically a symbol of the present day health department. It is she who visits the homes of all classes of citizens in order to give direct service and to carry the educational message of public health. It is she who sees health problems in the raw and who is in a position to give needed advice. The public health nurse has had considerable experience with case-finding in a variety of diseases. The pattern of teaching the public to recognize early significant signs and symptoms of disease and stimulating prompt medical attention, is applicable to cancer. With proper emphasis on the problem of cancer in her training and supervision, the public health nurse can be a strong arm of the cancer case-finding program.

Besides finding cases of disease, the public health nurse has also gained experience in helping to hold cases under proper medical supervision once they have been discovered. She has learned that establishing contact between the patient and the physician is often not enough. Under the direction of the physician, it has been her responsibility to see that the patient is kept under medical care. Her usefulness as an adjunct to physicians, hospitals and clinics handling cancer patients becomes obvious. It may be necessary for her to interpret and reenforce the advice of a physician regarding a plan of treatment or after treatment has been given. She may be needed to assure the patient's return to the physician for observation and further therapy.

The public health nurse also may give or supervise the home nursing care of the cancer patient. Not to be neglected is her potential role in teaching the public the hygienic aspects of cancer control, such as the significance of oral hygiene, chronic irritation of moles, periodic self-examination of the breasts by women, and other matters of individual hygiene which are being increasingly recognized as important in the reduction of deaths from cancer.

One of the newest specialists in public health is the health educator. Such a person is qualified in two particular activities. One is imparting knowledge and developing motivation concerning health in the general public and in special groups; the other is assisting in community organization of resources for attacking a particular problem. Since cancer control involves the coordination of so many different agencies, the potentialities of the health educator are great.

The health officer himself has responsibilities in cancer control—to make available the resources of his department for the attack on this disease which is increasingly affecting his community and to join with the medical profession and other agencies in developing and implementing a comprehensive plan. He is also interested in seeing that the program is integrated with the other health activities of the community.

One specific direction which this interest may take is in connection with the cancer detection center. This device for screening apparently well persons in order to detect early signs of the disease has proven itself to be of considerable value and is endorsed and supported by the American Cancer Society. The health officer has participated in other programs of this sort and is now seeing them started not only for cancer but also for heart disease and diabetes. The possibility of integrating these various case-finding endeavors naturally occurs to him. An adequate detection examination for cancer includes a chest roentgenogram. This will reveal not only certain forms of cancer but also tuberculosis and some forms of heart disease. In the interests of economy, the public health officer desires the maximum utilization of such a device for the detection of all diseases. The relatively complete physical examination required to detect the principal forms of accessible cancer reveals a great variety of other abnormal conditions. Persons in whom such conditions are discovered should be referred to practicing physicians for medical attention (and routinely are in detection centers) just as are findings indicative of cancer.

Wherever established, the detection centers have evoked a highly favorable public response and have resulted in the appearance of many persons in physicians' offices for the care of previously undisclosed disease, often in the early stages. This is a development of great significance in public health. Perhaps its greatest importance lies in the fact that it affords a logical place for the general practitioner to fit into the program. Thus far, the cancer control movement has been largely in the hands of the specialist. The detection center, where many diseases treatable in a physician's office are discovered, represents a real opportunity for the general practitioner.

As to the cancer control program of the California Department of Public Health, which was inaugurated October 1, 1946, an important element of it from the outset has been close liaison with the Cancer Commission of the California Medical Association and the California Division of the American Cancer Society with a view toward development of a comprehensive State-wide plan.

As a first step in this direction, the Cancer Commission and the State Department of Public Health have undertaken a study of the cancer services and facilities in the State. The general purpose is to assemble the facts and stimulate interest necessary for the development of a well-rounded cancer control program. The more specific objectives are: (1) to gather and present the statistical and epidemiological data which are available concerning cancer, to evaluate its sufficiency and suggest ways in which further information can be secured; (2) to determine what educational activities are now being conducted for lay and professional groups and how these can be expanded; (3) to obtain information on present diagnostic and treatment facilities and propose any feasible extension and improvement with particular reference to physicians' services, hospital services, tumor consultation clinics, detection centers, public health and visiting nurse services and medical social services; and (4) to bring into view the resources for cancer control and suggest how these can be coordinated.

This program is to be conducted county by county in cooperation with and under the sponsorship of the various county medical societies. In each instance, there will be an attempt to determine the extent of services at present and how they could be improved. The program, as a whole, in each county where the study is requested, will be evaluated with reference to the estimated need. Specific recommendations are to be made for strengthening local activities.

In each county a report is to be prepared jointly by the Cancer Commission of the California Medical Association, the county medical society and the State Department of Public Health. These reports will be of an advisory nature and, it is hoped, will provide the basis for planning the expansion of the cancer control program by the medical society and other agencies in the county which can contribute.

Upon the completion of the studies in the individual counties, the data will be available for the establishment of a State-wide plan.

Another sphere of activity of the State Department of Public Health is the development of statistical services. These are of two forms. One is the analysis of existing mortality data for the State as a whole and for individual counties. The other is the establishment of a tumor record registry in cooperation with hospitals, clinics and physicians of the State. Many states have made cancer a reportable disease by law or regulation. The success of these compulsory morbidity reporting systems has been dubious. In almost all places where they have been tried up to the present, only a small fraction of the cancer cases have been reported.

Since most of the cases of significant cancer are dealt with in hospitals and clinics, the record rooms of these institutions appear as the best source of morbidity data. The proposed program of the State Department of Public Health therefore includes working on a voluntary basis with cooperating hospitals and clinics in the development of a registry system. In connection with the completion of the brief record forms and the forwarding of them to the State Department of Public Health, the participating hospitals will be provided funds to carry out the work, consultation by a staff of public health and records analysts, analyses of the institution's experience with cancer, and assistance in special studies upon request.

The usefulness of this service for the cancer control program as a whole is obvious. Connecticut has already had several years of successful experience with this type of registry. In no other state has such a significant amount of data been assembled. Such a statistical service is a basic responsibility of the health department in entering the attack upon any disease.

A third aspect of the State Department of Public Health's cancer program is in the training of personnel. Funds are used for the academic training of physicians, nurses and other professionally qualified persons in postgraduate work which may fit them to enter the general field of public health and to make a contribution toward cancer control. Besides this academic training, a series of in-service training institutes for the allied health professions is planned, similar to those which the Cancer Commission has undertaken for physicians. The first of the series has already been completed. It consisted of 15 meetings in as many parts of the State, attended by 1,179 persons, mostly public health nurses, for a one-day discussion of the role of the public health and visiting nurse in the cancer program. This series was sponsored jointly by the Cancer Commission and the Department of Public Health. The speakers at each meeting included a physician representative of the Cancer Commission to present the clinical aspects of the discussion. The response to the institutes was excellent.

The department contemplates similar training for participation in cancer control for other professional groups.

It will be noted that all of these activities are conducted by the State Department of Public Health. The philosophy of the modern public health movement is that a program shall be carried out, as far as possible, by city and county departments of health. This guarantees local direction and adjustment to varying circumstances in the different communities. As the cancer control program develops, it is essential that services in this field, also, be initiated in local public health agencies. The three aspects of the program begun thus far—survey of services, tumor record registry and training of personnel—obviously had to be started at the State level. However, city and county health departments are expected to assume their appropriate responsibilities in the program as it progresses. They have available a variety of personnel and services in their organizations which should be utilized if the community-wide effort against cancer is to be completely effective.

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REFERENCES

1. Journal of the National Cancer Institute, v. 6, No. 5, p. 243 (April), 1946.

2. First biennial report of the State Board of Health of California, 1871, p. 15.

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Discussion by C. HIRAM WEAVER, M.D., *Los Angeles*

I have had the privilege of studying Dr. Breslow's paper on A Health Department's Role in the Cancer Program and wish to congratulate him on the broad field to be covered by the State Department of Health and its component branches of County and City Departments. As a practicing physician interested in the broad cancer control program, especially since 1928, I have seen the advance of cancer knowledge spread gradually to physicians and then to the lay public. As a director in the American Cancer Society for Southern California during the period from 1930 to 1940 when the American Society spent its time and money trying to educate the physician to the broad cancer problem, I can say that it seemed quite a task to erase the defeatist attitude of a great majority of physicians.

Dr. Breslow's mention of the work done on statistics in the

State of Connecticut prompts me to mention the enormous amount of work begun almost 20 years ago by Dr. Lombard with and for the State of Massachusetts in its formation of various Cancer Clinics and the large Pondville Institute for Cancer. Also we cannot forget the fact-findings done in the late '20s by the State Medical Association of Pennsylvania in a questionnaire sent out to all practicing physicians in Pennsylvania on the broad subject of cancer. The findings of the Pennsylvania State Medical Association certainly proved that the attitude of the physicians in the late '20s and early '30s, on the subject of cancer, varied very much from our present concepts of the disease. Comparing this Pennsylvania report with the present attitude of physicians on cancer is most interesting.

Thanks to the preliminary work begun over 20 years ago by the various cancer organizations, we are now ready, I believe, to accept the work outlined by the State and suggested by Dr. Breslow in his very excellent paper.

If statistics are to be available and usable in the cancer program—and this means finally to the benefit of the cancer patient—the great horde of cases has to be tabulated as to diagnosis, morbidity, treatment and end results. There is no better way to do this than to coordinate our many hospital records and tumor clinic histories with this suggested program. We all know our follow-up system in cancer is difficult and costly, both in time and patience. Anything that can be done by the public health nurse in eradicating the tendency of the patients to seek the various cultist in fadish treatments should be accelerated, and Dr. Breslow's suggestion of the public health nurse, educated in cancer care, should be a help in this respect. No doubt the public health educator needs training along these lines with the public health nurse, as he is also a contact man for the cancer program.

Cancer, being the second greatest cause of death, should of course be a reportable disease, and the neglect of some physicians to report cancer is difficult to understand.

I believe that all health departments are so organized that they could accept this added responsibility suggested by Dr. Breslow. My five years of service as a Health Commissioner in the Los Angeles City Health Department has acquainted me with our large personnel well enough to state that I believe the Los Angeles City Health Department could take over this added responsibility and duty probably without the addition of any more personnel than four, or possibly six, public health nurses. We now have three well trained health educators, any one of whom could take on this job.

I do not see that in any way this suggested program of Dr. Breslow's would preempt or in any way intrude upon the private practice of medicine or the working and correlation of the tumor clinic with the private physician.